

18-8317
No. _____

Supreme Court, U.S.
FILED
FEB 26 2019
OFFICE OF THE CLERK

In The
Supreme Court of the United States

ROBERT GERING,
Petitioner,
-VS-
REBECCA KAPUSTA, Secretary,
FLORIDA DEPARTMENT OF CHILDREN AND
FAMILIES,
Respondent.

MOTION FOR LEAVE TO PROCEED IN FORMA

PAUPERIS

The petitioner asks leave to file the attached petition for a writ of certiorari without prepayment of costs and to proceed in forma pauperis.

Please check the appropriate boxes:

[] Petitioner has previously been granted leave to proceed in forma pauperis in the following court(s):

ORIGINAL

Florida Third District Court of Appeal and Florida
Supreme Court.

[] Petitioner has not previously been granted leave to proceed in forma pauperis in any other court.

[] Petitioner's affidavit or declaration in support of this motion is attached hereto.

[] Petitioner's affidavit or declaration is not attached because the court below appointed counsel in the current proceeding, and:

[] The appointment was made under the following provision of law: _____, or

[] a copy of the order of appointment is appended.

OATH

I declare under penalty of perjury that the foregoing is true and correct. Executed on 2/19/19.

/s/ 
ROBERT GERING,

Petitioner.

No. _____

In The
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ROBERT GERING,

Petitioner,

-VS-

REBECCA KAPUSTA, Secretary,

FLORIDA DEPARTMENT OF CHILDREN AND

FAMILIES,

Respondent.

AFFIDAVIT OR DECLARATION

IN SUPPORT OF MOTION FOR LEAVE TO

PROCEED IN FORMA PAUPERIS

I, ROBERT GERING, am the petitioner in the above-entitled case. In support of my motion to proceed in forma pauperis, I state that because of my poverty I am unable to pay the costs of this case or to give security therefore; and I believe I am entitled to redress.

For both you and your spouse estimate the average amount of money that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Self-employment:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Income from real property				
(such as rental income):	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Interest and dividends:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Gifts:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Alimony:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Child Support:	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance):				
	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments):				
	\$ <u>0.00</u>	\$ <u>N/A</u>	\$ <u>0.00</u>	\$ <u>N/A</u>

Unemployment payments: \$ 0.00 \$ N/A \$ 0.00 \$ N/A

Public-assistance (such as welfare):

\$ 0.00 \$ N/A \$ 0.00 \$ N/A

Other (specify): \$ 0.00 \$ N/A \$ 0.00 \$ N/A

Total monthly income: \$ 0.00 \$ N/A \$ 0.00 \$ N/A

2. List your employment history for the past two years, most recent amount first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
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<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
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3. List your spouse's employment history for the past two years, most recent employer first.

(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
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<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	\$ <u>0.00</u>
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4. How much cash do you and your spouse have? \$ 0.00

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Institution	Amount you have	Amount your spouse has
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<u>None</u>	<u>None</u>	<u>\$ 0.00</u>	<u>\$ N/A</u>
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5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

<input type="checkbox"/> Home	<input type="checkbox"/> Other
Value <u>N/A</u>	Value <u>N/A</u>

<input type="checkbox"/> Motor Vehicle #1	<input type="checkbox"/> Motor Vehicle #2
Year, make & model <u>N/A</u>	Year, make & model <u>N/A</u>
Value <u>N/A</u>	Value <u>N/A</u>

<input type="checkbox"/> Other assets
Description <u>None</u>
Value <u>N/A</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you <u>None</u>	Amount owed to <u>None</u>	Amount owed to your spouse <u>N/A</u>
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7. State the person who relies on you or your spouse for support.

Name	Relationship	Age
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None

None

None

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, or annually to show the monthly rate.

You

Your Spouse

None

\$ N/A

Rent or home mortgage payment (including lot rented for mobile home): None \$ N/A

Are real estate taxes included? [] Yes [] No

Is property insurance included? [] Yes [] No

None

\$ N/A

Utilities (electricity, heating fuel, water, sewer, and telephone): None \$ N/A

Home maintenance (repair and upkeep):

None

\$ N/A

Food: None \$ N/A

Clothing: None \$ N/A

Laundry and dry-cleaning: None \$ N/A

Medical and dental expenses: None \$ N/A

Transportation (not including motor vehicle payments):

	<u>None</u>	\$ <u>N/A</u>
Recreation, entertainment, newspapers, magazines, etc.		
Insurance (not deducted from wages or included in		
mortgage payments) (specify):	<u>None</u>	\$ <u>N/A</u>
Homeowner's or renter's:	<u>None</u>	\$ <u>N/A</u>
Life:	<u>None</u>	\$ <u>N/A</u>
Health:	<u>None</u>	\$ <u>N/A</u>
Motor Vehicle:	<u>None</u>	\$ <u>N/A</u>
Other:	<u>None</u>	\$ <u>N/A</u>
Taxes (not included from wages or included in		
mortgage payments) (specify):	<u>None</u>	\$ <u>N/A</u>
Installment payments:	<u>None</u>	\$ <u>N/A</u>
Motor Vehicle:	<u>None</u>	\$ <u>N/A</u>
Credit card(s):	<u>None</u>	\$ <u>N/A</u>
Department store(s):	<u>None</u>	\$ <u>N/A</u>
Other:	<u>None</u>	\$ <u>N/A</u>
Alimony, maintenance, and support paid to others:		
	<u>None</u>	\$ <u>N/A</u>
Regular expenses for operation of business, profession, or		
farm (attach detailed statement):		
	<u>None</u>	\$ <u>N/A</u>
Other (specify):	<u>None</u>	\$ <u>N/A</u>

Total monthly expenses: None \$ N/A

9. Do you expect any major changes to your monthly income or in your assets or liabilities during the next 12 months? Yes No

If yes, describe on an attached sheet.

10. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? N/A

If yes, state the attorney's name, address, and telephone number: N/A

11. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes No

If yes, state the person's name, address, and telephone number: N/A

12. Provide any other information that will help explain why you cannot pay the cost of this case. I'm currently

involuntarily civilly committed and I'm financially
destitute.

OATH

I declare under penalty of perjury that the foregoing is
true and correct. Executed on 2/19/19.

/s/ 

ROBERT GERING,

Petitioner.

/s/ 
ROBERT GERING,

Petitioner.

OATH

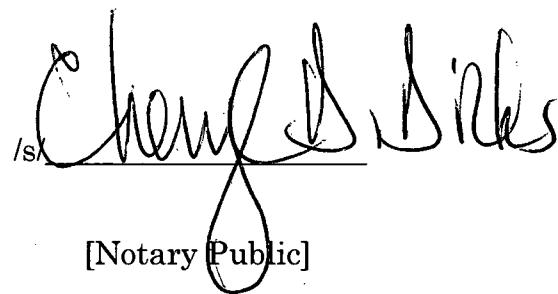
STATE OF FLORIDA

COUNTY OF DESOTO

Before me, the undersigned authority, personally appeared ROBERT GERING, who was sworn and says that he is the Petitioner and he read the foregoing affidavit and that the contents are true and correct.

Subscribed and sworn to before me on the 19th day of

January 2019.
February

/s/ 
[Notary Public]

